

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME Jeff Macedo		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Press Office	
POSITION Deputy Press Secretary	CB/D NUMBER	DIVISION OR BUREAU Office of the Governor		INDEX NUMBER	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

MONTH/YEAR 4/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
9-Apr	6a	Sacramento/LA					349.40	Air	113.51 121.05	22	11.00		481.45
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	349.40	0.00	121.05	22	11.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												473.91	\$481.45

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff the Governor's NBC interview

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241017

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed.

that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety a

belt usage

CLAIMANT'S SIGNATURE

DATE

4/24/10

SIGNATURE OF OFFICER

DATE

SIGNATURE

TRAVEL EXPENSES

DATE

5/6/10